Health Information Management: One Step beyond the Medical Record Department

A glimpse at the National Health Care Survey and the role of the HIM Professional

DoD Biometrics Overview

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Session Overview

- Provide an overview of the National Center for Health Statistics (NCHS)
- Provide information on MHS Deployment use of data
- Provide information on coded data & RVU
- Provide an overview of other military uses for coded data

National Center for Health Statistics (NCHS)

- NCHS is a part of the Centers for Disease Control and Prevention (CDC) a federal agency within the U.S. Department of Health and Human Services
- It is the principal health statistics agency in the government and compiles statistical information for public health and health research

The use of health statistics

- Statistics are used to
  - Document health status of the population
  - Identify disparities
  - Describe patient experiences
  - Monitor trends
  - Identify health problems
  - Guide actions and strategies to improve health care of the people in the US
  - Develop health care policy

Studies include

- Household interview surveys
- Examination surveys
- Collection of statistics on birth and death in partnership with State government
- Surveys of health care providers

  National Health Care Survey

THE NATION'S NEWSPAPER
USA TODAY
NO. 1 IN THE USA

Nation

Report: ER visits climb while emergency departments fall

By Kathleen Fackelmann
USA TODAY

The number of visits to the nation's emergency rooms climbed 20% the past decade, even as the number of emergency departments was shrinking, a report out today says.

The findings add to the evidence suggesting that more and more Americans face long waits in overcrowded and sometimes short-staffed emergency rooms.

The report by the Centers for Disease Control and Prevention in Atlanta suggests the aging population fueled some of the increase. That will continue in the coming decades as baby boomers reach their senior years and develop chronic medical problems, says Linda McCaig, the report's author. Seniors were the heaviest users of emergency rooms.

The report found that trips to the emergency room in 2001 rose to 107.5 million, up from 89.8 million in 1992. Meanwhile, numbers of emergency departments fell 15%. Some closed because they lost money and others because of mergers or hospital closures. The pressures of more demand and fewer emergency rooms mean that patients wait longer for care or that ambulances are diverted to other hospitals, McCaig says.

A March report from the federal General Accounting Office said two-thirds of emergency departments reported diverting ambulances during 2001, and nearly 1 in 10 hospitals said that happened 20% of the time. Reasons behind the heavy use of ERs:

- People with inadequate or no insurance often visit the emergency room because they can't get routine medical care.
- Adverse medical care such as an allergic drug reaction or complications as a result of shorter hospital stays led to about 1.4 million visits to the nation's emergency rooms in 2001.
- The report classifies 10% of emergency room visits as non-urgent. In some cases, people go to the emergency room because it's the fastest way to get care after hours. For example, the report found a peak in pediatric admissions at night. That's probably because most pediatrician offices are closed then, McCaig says.

Hospitals also get a lot of patients who find it's more convenient to go to the local hospital for care, adds Rick Wade of the American Hospital Association. He says many doctor offices are in the suburbs, and people in inner city neighborhoods may find it easier to go to the hospital for their care.

In many emergency departments, patients are lined up waiting for admission to hospital beds, says Arthur Kellermann, spokesman for the American College of Emergency Physicians in Washington, D.C. Lackluster insurance reimbursement has led many hospitals to close beds or entire wards, which means patients are left waiting in the emergency room or lined up in the hallways.

The crowding, coupled with a severe nursing shortage, has led to hectic conditions in many emergency rooms, Kellermann says. Those conditions can lead to mistakes, including errors in medication or treatment, he says.

Contributing: Associated Press

Current and Future Survey Challenges

- Establishing priorities among competing data needs and interests
- Balancing data needs and respondent burden
- Developing new initiatives while maintaining necessary trend data
- Balancing public release of data with disclosure risk
- Resource management

Current and Future Challenges for HIM

- Data Collection
  - Coding data with an incomplete medical record
  - Data collected and abstracted several steps beyond the medical record department
- Data quality, analysis, and integrity
  - Illegible handwriting
  - Non-standard medical abbreviations
  - Misspelled diagnoses, procedures, medications

Current and Future HIM Challenges

- Data Classification
  - Comparability and trend analysis when we move to ICD-10-CM
  - Trend Analysis
    - Different versions of ICD-9-CM
      - 8th revision used in 1970-78
      - 9th revision used 1979-present with addenda since 1986
  - Applying guidelines where there is no “physician query” in place

Where can I get more information?

Visit our website

www.cdc.gov/nchs

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Deployment Coding

1. Afghanistan and Iraq
2. Coding rules modifications
3. Use of the coded data

Coding is the Currency of the MHS

- Budgets now partially based on coded output
- RVUs reflect productivity at all levels
- DoD moves to capture institutional costs
- Enhanced data systems are being deployed to capture and refine coded encounters
- Will allow comparison to private sector healthcare models

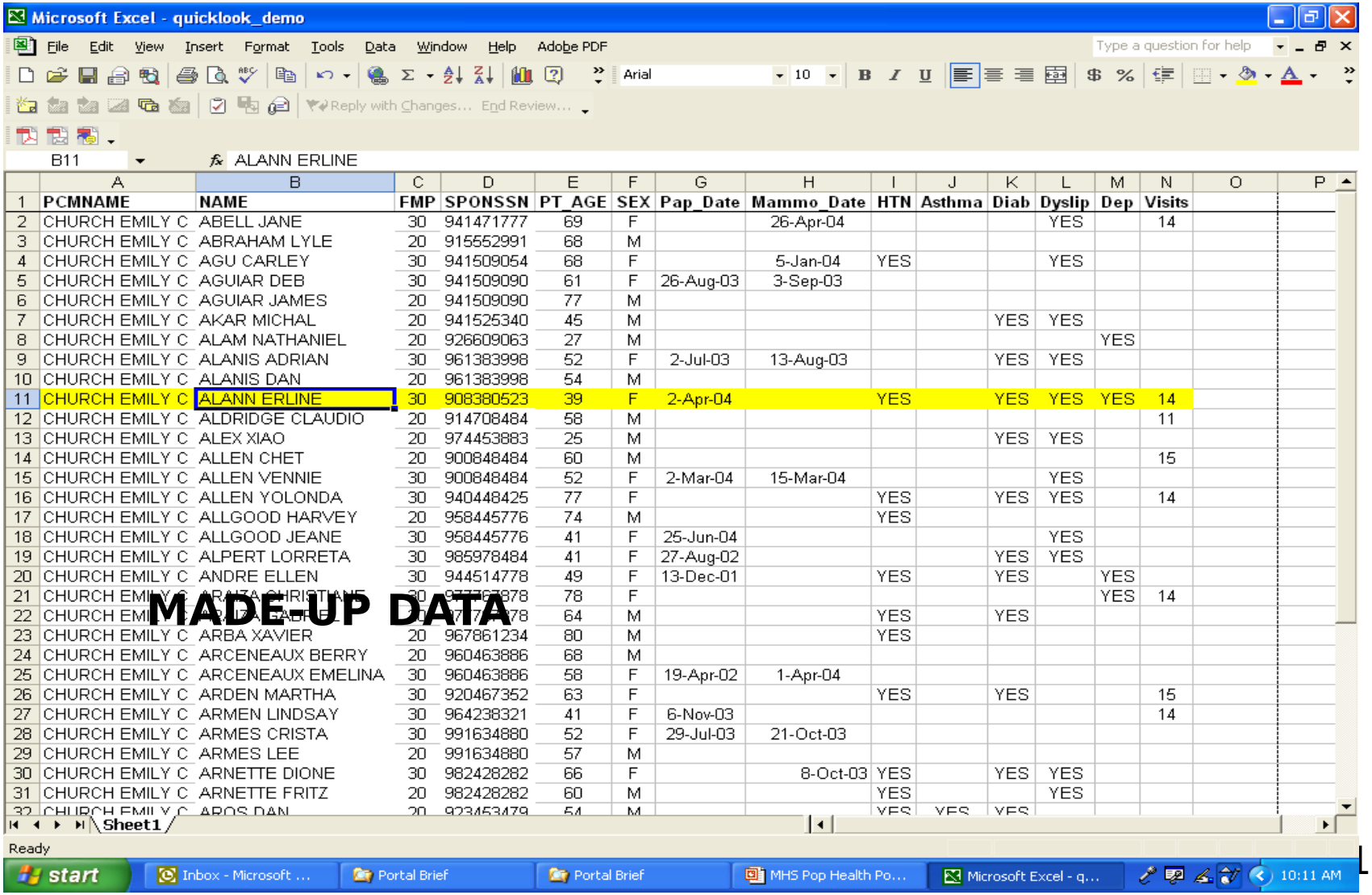
Use of Data in Military Studies

- Use of Beneficial Therapies in Patients with Peripheral Arterial Disease (PAD)
- PI: Maj Eric Shry, MD; Assoc. PI: Jill Feig, MD, MPH
- Original Hypothesis:
  - *"Military beneficiaries who undergo revascularization for peripheral arterial disease (PAD) have a lower use of beneficial therapies than those who require revascularization for atherosclerotic coronary artery disease (CAD)."*
- Data Source: Coded data from M2 Direct and Network
- Study Population: PAD – 12,544; CAD – 104,112
- Exclusions:
  - Previous diagnosis of MI (410)
  - Prior CAD without acute MI (411-414.9, 429.2, V45.81)

MHS Population Health Portal

- **Web-based password protected Population Health Tool**
- **Supports MTF's in meeting Population Health Objectives outlined by the DoD**
- **Includes DoD Direct and Network Care Data**
- **Established and Standardized Evidence-Based Methodologies**
- **Efficient use of resources**
- **Assists Primary Care Teams meet Population Health challenges with increased confidence**

MHS Population Health Portal



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9	CHURCH EMILY C	ALANIS ADRIAN	30	961383998	52	F	2-Jul-03	13-Aug-03			YES	YES				
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19	CHURCH EMILY C	ALPERT LORRETA	30	985978484	41	F	27-Aug-02				YES	YES				
20	CHURCH EMILY C	ANDRE ELLEN	30	944514778	49	F	13-Dec-01		YES		YES		YES			
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MADE-UP DATA

ASIMS

Aerospace Medicine Information Management System

- **AFCITA - *Immunization Tracking and Management*; *DD 2795/2796***
- **PIMR**
  - ***Preventive Health Assessment - (PHA)***
    - ***Individual Medical Readiness - (IMR)***
    - ***Profile Management (AF 422)***
    - ***Hospital Employee Health***
    - ***Occupational Health Medical Exams***
    - ***Grounding Management (DNIF\AF1042)***
    - ***Air Crew Contact Lens Management Program***
    - ***Deployment Processing and Tracking (DD 2795\2796)***
    - ***Patient Mgmt/Follow-up***
    - ***Cardiovascular Risk Management (CRAM)***
    - ***AF Fitness Data Display***

AFCITA

Air Force Complete Immunization Tracking Application

- In use at all AD, Guard and Reserve sites since 1997
- 2-year-old HEDIS shot metrics calculated automatically
- Local software transmits data to central server hourly
- Over 29 million immunization records from our force and their dependents have been transmitted to date

PIMR

Preventive Health Assessment and Individual Medical Readiness

- In use at all AD sites and Guard sites
- PIMR G2 at 100% ADAF and ANG sites, 1 Reserve site
- AF Personnel provided automatically
- Data from over 12 sources are collected and provided automatically
- Local software transmits data to central server hourly
- IMR status of total AD force can be obtained via AFCHIPS, and locally for local personnel with the push of a button
- Live connection to local AFCITA data

Questions?